

HART COUNTY CIVIL WAR DAYS
Munfordville Past, Present, and Future
September 7-9, 2018
FOOD VENDOR APPLICATION

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ E-MAIL _____

NUMBER OF BOOTHS _____

FOOD VENDOR BOOTH RATE: \$100 Electric Needed: Yes _____ No _____

(We have 30 amp. Make sure you can plug into this. NO DIRECT WIRING!)

Detailed Description of Your Booth: _____

Only one of each type of vendor will be approved. Approval of application is contingent on a full description of items offered for sale. Please include a self-address stamped envelope to receive a confirmation letter.

FOOD VENDORS MUST CONTACT HEALTH DEPARTMENT AT (270) 524-2511

SET-UP: Set-up may take place beginning at 8 am on Friday, September 7th. Once you have checked-in with Vendor Committee personnel you may begin set-up in your pre-assigned space.

BREAK DOWN: Breakdown must take place and be exited your space by 10 pm on Saturday, September 8th.

FOOD SALES MAY TAKE PLACE ON FRIDAY, SEPT 7TH, HOWEVER DUE TO A PRE-ARRANGED EVENT ON FRIDAY NIGHT, ALL FOOD SALES MUST END AT 6 PM AND MAY BEGIN AGAIN AT 7 AM ON SATURDAY MORNING. As a food vendor, I do agree to this stipulation.

Sign here _____

The Undersigned desires to participate in the Hart County Civil War Days which a community celebration is made up of volunteer organizing events for the betterment of the local community and the enjoyment of the attending public. The undersigned hereby acknowledges that he/she is participating in this event at his/her own risk by signing this waiver and release, the undersigned is waiving, releasing, and forever discharging any and all claims against the CITY OF MUNFORDVILLE and each of the other participants in the celebration whether such claims were foreseeable or not at the timing of the signing of this Waiver & Release. The undersigned by signing this waiver and release extends to any and all subrogation claims by the undersigned insurer arising out of any claims paid in connection with any of the matters herein waived and released.

Printed Name: _____ **Signature:** _____

Mail application and Fee to :

Hart County Civil War Days, PO BOX 83, Munfordville KY 42765